

**Record of Witness of  
Disposal of Controlled Substances**

Requester's Name	ICD	Location of Substance
Requester's Signature		

**Description of Controlled Substances**

Lot and Stock No.	Name of Controlled Substances	Amount	Unit

**Certification of the Disposal of the Controlled Substances**

The substances described above were disposed of in the following way *(check one)*:

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Burned in the NIH incinerator.

*Give date and time:*

☐

Turned over to Hazardous and Solid Waste Management

*Signature of person receiving substance:*

\_\_\_\_\_  
Signature of person destroying or turning over the substance

\_\_\_\_\_  
Signature of witnesses to this action *(Div. of Security Operations employees)*